



ICE Health Service Corps
MID-LEVEL PROVIDER ORIENTATION AND COMPETENCY ASSESSMENT



This orientation and competency checklist may be completed by any qualified staff member to include the Health Services Administrator/Assistant Health Services Administrator, Clinical Director/staff physician, other mid-level providers, and other staff as appropriate. It will be completed upon hire and annually thereafter.

Name: _____ **Facility:** _____ **Date:** _____

Competency	Staff certifying competency
Position Description has been reviewed, signed and is in the credential file	
HSD500 "Facility Orientation Checklist" has been reviewed and is on file (upon hire and annual training every year thereafter.)	
Verify credential file documents are up-to-date	
MLP Scope of Practice form completed and filed in credential folder.	
Completed all required eCW training modules through ICE online classroom	
Laboratory and Diagnostics	
Demonstrates understanding of laboratory and diagnostic ordering based upon applicable standards and policies and IHSC clinical guidelines 03-04 Clinical Practice Guidelines	
Demonstrates understanding of CLIA waived tests and documentation	
Demonstrates understanding of critical laboratory and diagnostic study results and initiates appropriate action	
Demonstrates understanding of EKG ordering and provides preliminary interpretation. EKG must be reviewed by a physician.	
Core Clinical Areas	
Demonstrates competency and understanding of comprehensive medical evaluations, assessment, and treatment in an ambulatory and urgent care setting. Seeks and obtains patient data from external sources when needed.	
Demonstrates understanding of acute, emergent, and chronic care scheduling and follow-up processes.	
Demonstrates understanding of consultation processes: identifying all urgent and any unexpected findings to the consultant or supervising physician Local/within facility consultation Within agency specialty consultation (ID, cardiology, psychiatry, regional clinical director) External specialty consultation	
Medical Emergencies	
Demonstrates general knowledge and competency in local and national IHSC policies regarding emergency care and recognizes an unstable patient requiring immediate intervention.	
4-minute response time for emergencies	
Emergency first aid and Basic Life Support while recognizing abnormal vital signs to manage and prioritize a treatment plan	
C-spine precautions	

IHSC Mid-LEVEL PROVIDER COMPETENCIES

NAME: _____

Location of emergency equipment (<i>response bag, wheelchairs, stretchers</i>)	
Location and use of automatic external defibrillator (AED)	
Location and use of oxygen tanks	
Facility processes for 911 access and emergency transport	
Infection Control / Universal Precautions	
Universal precautions	
Biohazard waste	
Exposure control plan	
Varicella infection and infection control	
Scabies/lice infestation	
Sexually transmitted infections screening/testing	
Influenza vaccination and infection control	
Familiarity with the IHSC Guide for the Management and Control of Tuberculosis (TB), to include: TB screening using tuberculin skin test and chest x-ray Active TB evaluation and management: airborne isolation and laboratory testing TB continuity of care referral process: TB Net/Cure TB Understands Ishihara Color Deficiency Testing	
General Medical Care	
Pre-screening and intake processes and policies	
General consent for care	
Interpreter service and language documentation	
Sick call processes	
Emergency/urgent care processes	
Intake health assessment and chronic care policies	
Demonstrates familiarity with IHSC clinical guidelines (03-04 Clinical Practice Guidelines)	
Work detail clearance	
Special housing unit /segregation	
Psychiatric medication consent form	
Special Needs form (diets, allergy, equipment, bed assignment)	
Refusal of care and refusal form	

IHSC MID-LEVEL PROVIDER COMPETENCIES

NAME: _____

Transfer processes and Transfer Summary form	
Completes IHSC Trauma Informed Care training and demonstrates understanding through Behavior Health Unit testing materials	
Off-site referral process for specialty care	
Medical Hold processes and form	
Medical / Psychiatric Alert process and form	
Incident reports	
Notifications and chain of command	
Female Health Care	
Pregnancy care (Doppler use for fetal heart tones, OB referral, prenatal labs)	
Special Needs (Diet/snack, Low Bunk, Work restriction)	
Abortion access/procedures	
Emergency contraception	
Female-specific health care (mammogram, pap smears)	
Medical Housing Units	
Admission to and Discharge from MHU to include required documentation	
Daily Rounds in MHU	
Mental Health	
Acute management and referral process	
History of trauma and referral processes	
Abnormal involuntary movement scale (AIMS) testing and extrapyramidal side effects (EPS)	
Tele Health	
Suicide prevention	
Hunger strike	
Sexual assault prevention and intervention procedures	
Medications	
IHSC formulary	
Medication reconciliation, continuation, and continuity of care	
Off-site pharmacy use	

IHSC Mid-Level Provider Competencies

NAME: _____

Non-formulary requests	
Pill line and keep on person designation	
Medications in segregation	
Medication misuse, hoarding and diversion	
Controlled substances prescribing requirements	
Obtain physician co-signature when required	
Understands prescribing requirements for release/transfer medications supplies	
Patient Education	
Provide written care instructions as appropriate in patient's language if available; document that instructions were provided	
Provide culturally sensitive patient education at every patient encounter in language of understanding	
Document that the patient verbalizes and/or demonstrates an understanding of the plan of care	
Electronic Health Record (EHR)	
Daily appointment console	
Sign and lock notes; addendums; error correction	
Routing of note for Review or Co-Signature	
Daily Alerts ("Jelly Beans") Actions and Telephone Encounters	
Duty provider duties (e.g., review all labs for off-duty providers)	
Referrals: internal and external	
Referrals: emergencies	
Lab/diagnostic order entry	
Medication order entry	
Up To Date clinical reference	
eCW templates	
Assigning health assessments for physician review	
On-call procedures	
Ensure documentation for all encounters is completed by end of shift	
Quality Improvement/Assurance	
Understands MLP Peer Review policy requirements	

IHSC Mid-LEVEL PROVIDER COMPETENCIES**NAME:** _____

Participates in Quality Improvement activities/audits as assigned	
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***Acknowledgment:** I understand all competencies as described in this document. I accept these duties and responsibilities and verify that I am physically able to carry them out I understand that I will be held accountable for performing the above responsibilities competently, and will be evaluated on my ability to do so.*

MLP Signature/Printed: _____ / _____ Date: _____

Staff Member(s) certifying competency:

Signature/Printed: _____ / _____ Date: _____

Signature/Printed: _____ / _____ Date: _____

Signature/Printed: _____ / _____ Date: _____